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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/FR00/02398 08/29/2000

**** FOREIGN APPLICATIONS *******

FRANCE 99/10911 08/30/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ANDORRA	SHEETS DRAWING 1	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

METHOD FOR OBTAINING A RADIOGRAPHIC IMAGE OF A TOOTH AND ITS SURROUNDING ENVIRONMENT, AND DEVICES IMPLEMENTING SAID METHOD

FILING FEE RECEIVED 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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